

ASTORIA FILM FESTIVAL WORKSHOP REGISTRATION FORM
Please fill out and scan/email back to astoriafilmfestival@gmail.com

1. PARTICIPANT INFO Today's Date: _____
Child's Name _____
Age _____ D.O.B. _____ Gender _____
Mailing Address _____ Apt.# _____
City _____ State _____ Zip _____
Main Contact Phone (_____) _____
Main Email Address _____

2. CHILD IS REGISTERING FOR:
CLASS NAME:

CLASS DATES/TIMES:

DISCOUNTS:

Returning participants = TAKE 10% OFF TOTAL COST

SIBLING REGISTRATION= 10% OFF COST OF EACH SIBLING AFTER FIRST SIBLING PAID IN FULL.

ABOVE DISCOUNTS MAY NOT BE COMBINED

PLEASE ENTER TOTAL COST _____

MUST PAY IN FULL

via PAYPAL to ASTORIAFILMFESTIVAL@gmail.com (or Venmo/Zelle/Personal Check)

-RECEIPTS WILL BE PROVIDED AND SPACE WILL BE SAVED. NOTE THAT SPACE IS NOT SAVED UNTIL PAYMENT IS MADE (unless a special payment plan has been worked out with AFF - please email to ask about that)

HAS YOUR CHILD HAD ANY EXPERIENCE WITH FILMMAKING/THEATER/ACTING? (not required - but good to know for lesson planning)

PARENT/GUARDIAN INFO

Parent/Guardian 1 _____

Email _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Parent/Guardian 2 _____

Email _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (____) _____

EMERGENCY CONTACT INFO

Please list an additional contact, to be used if the parents/guardians cannot be reached.

1. Name _____

Relation _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

AUTHORIZATION / CONSENT EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in an ASTORIA FILM FESTIVAL program, a designated employee of the ASTORIA FILM FESTIVAL will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated by a medical professional or hospitalized by hospital selected by the ASTORIA FILM FESTIVAL

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name _____

ASTORIA FILM

FESTIVAL WORKSHOP PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities at ASTORIA FILM FESTIVAL WORKSHOP. I hereby grant permission for my child to leave the ASTORIA FILM FESTIVAL WORKSHOP premises, under proper supervision of ASTORIA FILM FESTIVAL WORKSHOP staff, as needed to film class projects. It is my understanding that these outings will be taken during the workshop without further consent from me.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name: _____

DISMISSAL My child will:

*Be Picked Up *Walk Home (Only those 11 years or older. Must sign at bottom of page)

AUTHORIZED PICK-UP FORM The following individuals are 16 years old or older and are allowed to pick up my child from the ASTORIA FILM FESTIVAL WORKSHOP. Please include the Parents/Guardians who will be picking up as well.

Those authorized to pick up your child, will be asked for photo ID for verification. Name Relationship Phone Numbers I understand that no one else will be allowed to pick up my child unless I notify ASTORIA FILM FESTIVAL WORKSHOP in advance and in writing. This person will also be asked for their photo ID for verification.

NAME - PHONE NUMBER - RELATION

**ASTORIA FILM FESTIVAL WORKSHOP
LIABILITY WAIVER**

I, the undersigned, give permission for my child to participate in all activities in the ASTORIA FILM FESTIVAL WORKSHOP. Additionally, I fully understand that my child is responsible for their possessions and their actions. As a participant in any program or class of ASTORIA FILM FESTIVAL WORKSHOP, I recognize and acknowledge there are certain risks, and I agree to assume the full risk of injuries, including death, damages or loss that I or my minor child may sustain as a result of participating in any activities connected with or associated with such program or class. I agree to waive and relinquish all claims I or my minor child may have as a result of participating in any program or class against ASTORIA FILM FESTIVAL WORKSHOP and its officers, agents, servants, employees, volunteers, and independent contractors. I further agree to indemnify and hold harmless and defend ASTORIA FILM FESTIVAL WORKSHOP and its officers, agents, servants, volunteers, employees and independent contractors from my claims resulting from injuries including death, damages and losses sustained by me or my minor child that arise out of, in connection with, or in any way associated with the activities of this program. I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name: _____

Media Waiver

I hereby permit the use of my, or my daughter/son's, image to be photographed, videotaped or otherwise recorded for use in ASTORIA FILM FESTIVAL WORKSHOP publicity, promotional or educational materials, including, but not limited to, videos, websites, newsletters, brochures and various other publications, and on the ASTORIA FILM FESTIVAL WORKSHOP internet webpage and social media platforms (Instagram, Facebook, Vimeo, YouTube, and others that may become used over time.) I understand that I will receive no monetary payment or other compensation in exchange for the rights to use my child's media while at ASTORIA FILM FESTIVAL WORKSHOP.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child's Name: _____